



GODDARD SPACE FLIGHT CENTER
REQUEST FOR RADIATION SAFETY COMMITTEE ACTION
PROPOSAL TO CONDUCT OUTDOOR LASER OPERATION(S) IN
NAVIGABLE AIRSPACE-FAA AERONAUTICAL REVIEW

1. _____ Custodian Name: Last, First, MI Contr Org Code 10 digit Phone #				Docket # (LSO Use Only)
2. _____ Facility	3. _____ Facility Address	4. _____ Program/System Name		
5. Geographic Location Determined by <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> other _____				
Latitude _____ deg (°) _____ min (') _____ sec (")		Ground Elevation at site (above Mean Sea Level) _____		
Longitude _____ deg (°) _____ min (') _____ sec (")		Laser Elevation above Ground (if on buildings, etc) _____		
6. Date(s) and Time(s) of Laser Operation				
Testing and Alignment date(s)		Operational date(s)		
7. Brief Description of Operation				
8. Operation Information				
Operator(s):				
On-site phone 1:		On-site phone 2:		
9. Brief Description of Control Measures				
10. Attachments				
Number of laser configurations (fill out one copy of GSFC Form 23-67B for each configuration)		List any additional attachments needed to evaluate this operation (could include maps, diagrams and details of control measures)		
11. Statement of Accuracy				
To the best of my knowledge, the information in this Notice of Proposal is accurate and correct.				
_____ Custodian Signature		_____ Date		
<i>Committee Use Only</i>				
Reviewed By:		Reviewed By:		
_____ GSFC Laser Safety Officer	_____ Date	_____ RSC Chairman	_____ Date	
FAA Regional Office Address: _____				
_____		Date Forwarded to FAA _____		

Instructions for filling out GSFC Form 23-67A, Request for Radiation Safety Committee Action – Proposal to Conduct Outdoor Laser Operation (s) in the Navigable Airspace-FAA Aeronautical Review. For additional guidance refer to ANSI Z136.6, American National Standards for Safe Use of Lasers Outdoors.

ALL ITEMS MUST BE LEGIBLE

1. If you do not have a GSFC Code designation you must include your organization name and a valid mailing address on an attached paper. If you work for a GSFC contractor, enter the company abbreviation used in the GSFC phone directory.
2. List the facility where the laser is going to be used (ex. Greenbelt, WFF).
3. List the address of the facility (include building #).
4. List the program or system that the laser is used on (ex. MOBLAS, GLOW etc.)
5. Determine the geographic location (Goddard Space Flight Center main gate geographical location is latitude 38° 59' 27.020" N and longitude 76° 51' 5.652" W).
6. If applicable list multiple dates for testing, alignment and operation of the laser.
7. Give a brief description of the operation (use additional paper if necessary).
8. List all of the operators that may use the lasers at the facility. The onsite phone numbers should include area code (use additional paper if necessary).
9. Describe the control measure in order to control the release of hazardous laser conditions (use additional paper if necessary).
10. List the number of laser configuration pages that follow as attachments. Laser configurations should be filled out for every laser and each wavelength within a laser. Also identify and list any additional attachments that may be pertinent.

RETURN THE COMPLETED FORM TO CODE 250.9

If you have any questions concerning this form, please contact the Safety and Environmental Division, Radiation Protection Office at 301-286-8482.